



**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90012



**BUSINESS LICENSE APPLICATION REFERRAL
SUMMARY SHEET**

KIND OF BUSINESS: **MASSAGE PARLOR-GENERAL**

ADDRESS OF BUSINESS: **22837 PCH C, MALIBU, CA 90265**

TELEPHONE: **(310) 456-6071**

OWNER OF BUSINESS: **MANTHANA ADISA**

CAL. DR. LIC.# [REDACTED]

NAME OF PERSON FINGERPRINTED: **MANTHANA ADISA**

FICTITIOUS NAME: **LEE LA WADEE REFLEXOLOGY**

MAILING ADDRESS: [REDACTED]

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: **NEW LICENSE**

	<u>APPROVED</u>	<u>DATE</u>	<u>SIGNATURE</u>
<input type="checkbox"/> 1. Animal Care & Control			
<input type="checkbox"/> 2. Risk Management			
<input checked="" type="checkbox"/> 3. Building & Safety	YES	06/08/16	nlove
<input checked="" type="checkbox"/> 4. Fire Department	YES	06/27/16	nlove
<input checked="" type="checkbox"/> 5. Public Health	YES	06/21/16	nlove
<input type="checkbox"/> 6. Treasurer & Tax Collector			
<input checked="" type="checkbox"/> 7. Business License Commission			
<input checked="" type="checkbox"/> 8. Sheriff Department	YES	08/25/16	nlove
<input checked="" type="checkbox"/> 9. Regional Planning Commission	YES	06/08/16	nlove
<input type="checkbox"/> 10. Weights and Measures			
<input checked="" type="checkbox"/> 11. Publishing	YES	08/31/16	tchen
<input type="checkbox"/> 12. Public Works - EPD			
<input checked="" type="checkbox"/> 13. Sheriff Fingerprint	YES	08/25/16	nlove
<input type="checkbox"/> 14. Emergency Medical Services			

Conditions:



Los Angeles County Treasurer and Tax Collector
Application for Business License



Please note: Business License fees are NOT refundable

Fee: \$ 2,255.00

5910
ID # 143399

\$40.00 PUBLISHING

BUSINESS INFORMATION

Type of Business: <u>Massage Parlor.</u>	Address of Business: <u>22837 PCH # C MALIBU CA.</u>	
Start Date (Projected):	Business Telephone: <u>310 456-6071</u>	
DBA (Business Name): <u>LEELAWADEE REFLEXOLOGY</u>	Mailing Address: [REDACTED]	
Sellers Permit # (State Board of Equalization):		
Business Ownership Structure: Single Owner <input checked="" type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> If LLC or Corporation, the information below is required:		
Date of Incorporation:	Incorporated in the State of:	
Exact Corporate Name:		
Names of Officers	Addresses	Titles

APPLICANT INFORMATION

Applicant's Full Name: <u>MANTHANA ADISA</u>		
Home Address: [REDACTED]		
Home Telephone: [REDACTED]	Cell Phone: [REDACTED]	Email address:
Social Security #: [REDACTED]	Date of Birth: [REDACTED]	Place of Birth: [REDACTED]
Driver's License or State ID#: [REDACTED]		Expiration Date: [REDACTED]
Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>	Height: [REDACTED]	Weight: [REDACTED]
Hair Color: [REDACTED]	Eye Color: [REDACTED]	

The information contained herein is true and correct to the best of my knowledge and belief. As a condition of the issuance of the license applied for, I agree to submit any additional information that may be required, to conduct all phases of this business license in accordance with regulations established for such business and to maintain all trucks and/or equipment that may be used in connection therewith in conformance with all applicable laws, ordinances, and regulations.

Date: 5-26-16 Applicant's Signature: [Signature]

Application taken by: Nicole Love Date: 5/26/16



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BUSINESS LICENSE
APPLICATION REFERRAL

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TELEPHONE: (310) 456-6071

OWNER OF BUSINESS: MANTHANA ADISA

CAL. DR. LIC# [REDACTED]

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: LEE LA WADEE REFLEXOLOGY

MAILING ADDRESS: [REDACTED]

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

BUILDING & SAFETY

MALIBU

☒ APPROVAL

☐ DENIAL

RECOMMENDATION:

Consistent with Zoning
PC 12-015

SIGNATURE: *[Signature]*

DATE: *6/7/16*

BASIC LICENSE NO. 5910

DATE 06/01/16

IDENTIFICATION NUMBER 143399

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: MASSAGE PARLOR-GENERAL

ADDRESS OF BUSINESS: 22837 PCH C, MALIBU, CA 90265

TELEPHONE: (310) 456-6971

OWNER OF BUSINESS: MANTEANA ADISA

CAL. DR. LIC.#: [REDACTED]

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: LEE LA WADEE REFLEXOLOGY

MAILING ADDRESS: [REDACTED]

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR-NEW LICENSE

**FIRE DEPARTMENT
LA COUNTY**



APPROVAL



DENIAL

RECOMMENDATION: _____

SIGNATURE: *Mike McEwen*
Dave Wise

DATE: 6-14-16

BASIC LICENSE NO. 5910

DATE 06/01/16

IDENTIFICATION NUMBER 143399



COUNTY OF LOS ANGELES
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BUSINESS LICENSE
APPLICATION REFERRAL

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TELEPHONE: (310) 456-6071

OWNER OF BUSINESS: MANTHANA ADISA

CAL. DR. LIC.# [REDACTED]

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: LEE LA WADEE REFLEXOLOGY

MAILING ADDRESS: [REDACTED]

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

PUBLIC HEALTH
LA COUNTY



APPROVAL



DENIAL

RECOMMENDATION: _____

SIGNATURE: _____

R. Martinez

DATE: _____

6/14/2016

BASIC LICENSE NO. 5910

DATE 06/21/16

IDENTIFICATION NUMBER 143399

916-00574

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
APPLICATION REFERRAL**

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FICTITIOUS NAME: LEE LA WADEE REFLEXOLOGY

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DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

KHOR PHORN (F)

**SHERIFF FINGERPRINT
LA COUNTY**

☒ APPROVAL

☐ DENIAL

RECOMMENDATION: Approved

SIGNATURE: [Signature]

DATE: 8-24-16

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DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

REGIONAL PLANNING

MALIBU

☒ APPROVAL

☐ DENIAL

RECOMMENDATION:

Consistent with Zoning
PC12-015

SIGNATURE: [Signature]

DATE: 6/7/16